



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051
APPLICATION FOR TEMPORARY AUTHORIZATION CERTIFICATE

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		BACKGROUND / FINGERPRINT CLEARANCE IS REQUIRED	
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION	
ALL MAIDEN/FORMER NAMES			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
DATE OF BIRTH	MALE FEMALE	PHONE NUMBERS H () W ()	

IMPORTANT: Original transcripts **MUST** be received from institutions listed in Part II before application is complete.

B. EDUCATION (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees.

COLLEGE/UNIVERSITY	CITY/STATE	DATES ATTENDED		DEGREE AWARDED/DATE	MAJOR COURSE OF STUDY
		FROM MO/YR	TO MO/YR		

EXCEPTIONAL EXPERIENCE – ATTACH A ONE-PAGE EXPLANATION INCLUDING DATES OR LOCATIONS – IF APPLICABLE

SECTION II: MUST BE COMPLETED FOR INITIAL APPLICATION AND RENEWAL

A. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.		
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?		
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?		
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?		

[*View the Social Security Number Disclosure Notice](#)

B. SWORN AFFADAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE ⇒	DATE
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SECTION III: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL**A. LEVEL OF CERTIFICATION REQUESTED**

List subject and grade level of certificate requested

SUBJECT AREA

GRADE LEVEL

I hereby affirm that _____ will be employed by this school district and used in the teaching position requiring the certificate listed above for the _____ - _____ school year.

His/her beginning contracted date is/was _____.

I jointly request with the above applicant that his certificate be issued.

Signature of Designated School Official

Name of Designated School Official

Name of School District or Accredited Non-Public School

Position Held

Address

Phone Number
()

County/District Code:

City, State, Zip Code

B: TO BE COMPLETED IF APPLICANT IS RENEWING THE TEMPORARY AUTHORIZATION CERTIFICATE. REQUIREMENTS LISTED MUST BE COMPLETED DURING VALID DATES OF THE CERTIFICATE.

Applicant has taken both Praxis test(s) during their first year of employment. Applicant took the _____ (name of test) on _____ (date) and the _____ (name of other test) on _____ (date).

Applicant has completed a minimum of nine (9) semester hours toward his/her professional certification. An original transcript is attached. (A total of 9 hours each year is required.)

Applicant has developed a plan of study for courses to meet the competencies required.

Applicant has participated in a mentoring program.

Applicant has received successful performance based teacher evaluations. (Evaluations must be done yearly.)

The applicant for a temporary authorization certificate must comply with the following criteria:

- ✓ Possession of a baccalaureate or higher degree from an accredited college or university;
- ✓ Possession of an grade point average of 2.5 or higher in major field and overall on a 4.0 scale;
- ✓ Submission of a joint application verifying contracted employment with a Missouri public school district or accredited non-public school;
- ✓ Submission of a list/plan of courses to meet the required competencies;
- ✓ If the applicant holds a Missouri professional or life certificate of license to teach and is seeking an additional certificate of license to teach, he/she is not required to take the Praxis Principals of Learning and Teaching test; and
- ✓ The temporary authorization certificate will not include elementary (1-6); early childhood; early childhood special education (B-3); blind and partially sighted (K-12); and/or deaf and hearing impaired (K-12) areas. Applicants for the areas of driver's education, English for speakers of other languages, gifted, and special reading must already hold a certificate of license to teach or must seek a certificate of license to teach in a stand-alone area.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

PLEASE RETURN THIS FORM TO
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!

<http://dese.mo.gov>